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A STUDY OF VAMAN KARMA AND IT'S INFLUENCE ON BLOOD CHEMISTRY

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Abstract:

Ayurveda is the science of life which is based on Tridosha and Panchamahabhuta. The main objective of this science is to maintain good health and also to cure or prevent the ailment cause to the body and mind. Vamana Karma is one of the Panchakarma therapies which eliminates the vitiated kapha to maintain a state of normalcy and equilibrium which is the fundamental basis of health according to Ayurvedic classic. It is stated that both kapha and pitta which are located in the Amasaya are eliminated through the upper route. Due to the elimination of vitiated doshas, there is a possibility of modification in the composition of Rasa - Rakta complex WHICH circulates throughout the body by bestowing both prana and jeevana effects. Based on this idea the topic “ study of Vamana karma and it's influence on blood chemistry” has been selected as a research problem to establish the efficacy of this treatment with the help of modern scientific parameters.

Keywords: Vamana, Snehana, Swedana, Tamaka swasa

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INTRODUCTION:

Ayurveda, like other system of traditional medicine has its unique features. Ayurveda emphasizes promotion of the positive health and prevention of disease. Vamana Karma is one of the Panchakarma therapies which eliminates the vitiated kapha to maintain a state of normalcy and equilibrium which is the fundamental basis of health according to Ayurvedic classic. The act of expelling the impurities i.e. vitiated Doshas through the upper channel (mouth) is known as Vamana (emesis).^[1] In this process 'Apakwa' Pitta and Kapha are forcibly expelled out through the upward route. Here the word "Apakwa" literally means "undigested or unripened".^[2] When Pitta is undigested or unripened, it metamorphoses into 'Vidagdha state', which is one of the sets of Ajirna in that condition also Vamana is indicated. Vamana Karma is the most important part of the Shodhana Karma.^[3] Shodhana Chikitsa has its unique importance in Ayurveda. The word Shodhana means the act of cleaning, correcting, improving, and refining of metals, removal, eradication, subtraction etc. i.e. the radical removal of the causative factors of a disease by specialised therapy called Shodhana Chikitsa. The property of Sweda Dravya is

Ushna, Tikshna, Sara, Snigdha, Ruksha etc. The administration of Sneha creates Klinnata to malas and doshas situated in the dhatu, srotamsi and sakhas. The klinna malas are liquified by the use of swed karma. Sweda is caused by applying heat by various methods helps to increase the circulation of Rasa, Rakta and doshas. In fact the pores of the walls of the cells membranes (srotas) are opened and the obstruction of malas and dhatus are removed and there by blood circulation in all parts of the body is also increased. The waste products produced after the metabolic process of the body from various parts (sakhas) are carried to koshta and kept ready for elimination.^[4]

Aims and Objective: the present study, clinical and laboratory investigations were conducted.

(1) To evaluate the effect of poorva karmas namely snehana and swedana and (2) to evaluate the effect of the vamana karma on blood chemistry with Modern Scientific parameters.

MATERIAL AND METHODS

The 44 Patients having classical signs and symptoms of Tamaka swasa (Bronchial

Asthama) as described in Bruhat-trayi was selected. A special proforma including all the etiological factors of Tamaka swasa with Dushti Lakshan (signs and symptoms of vitiation) of Dosha, Dusha, Srotasa, etc, was designed for assessment of all the patients. The Patients were thoroughly questioned and examined according to proforma. Ethical clearance and inform consent were obtained before conducting the trial.

Criteria for selection of the patients

Inclusion Criteria -

- Patients should be indicated for Snehan and Vamana karmas.
- The patient's age between 18 - 50 years male & Female.
- Patients having Uttam & Madhyam Bala & Uttam & Madhyam Satwa.
- Patients diagnosed with Kaphaj & Pittaj Tamaka Swasa (Bronchial Asthama)

Exclusion Criteria -

- The patient's age below 18 years and above 50 years.
- Patients having Avar bala & Avar satwa.
- Patients having hatred for sneha (Snehadweshi)

- HTN, DM, IHD, Anemic, Immunocompressed patients were excluded.
- Patients having Pneumonitis, Brochiectasis, Emphysema, smoker's cough were excluded.
- Patients having Ulcers related to GIT were excluded.

Haematological Investigaion -

- Blood for Heamoglobine (Hb gms%), Total leucocyte counts (TLC /cumm), Differential leucocyte counts (DLC), Erythrocyte Sedimentation Rate (ESR),

Biochemical Investigaion -

- Total Cholesterol,
- Sr. Bilirubin, Sr. Proteins, Sr. Alk.Phosphate, Sr. Calcium,
- Blood Urea, Sr. Creatinine, Sr. Sodium, Sr. Potassium
- Random Blood sugar

Grouping: For the convenience of the trial the patients were grouped into two as treated and control group. The treated and control group consists of 44 patients. 22 patients in treated group and 22 patients in control group.

- Treated group were managed with Snehapana, Bahya Snehana & swedan karma and finally Vamana karma.

- The control group patients were treated with Shaman Chikitsa of treatment adopted for the respective disease.

Group A

Procedure [5]	Drug and Dose	Duration
<i>Rukshana, Deepana, Pachana</i> (Appetizers, Digestives),	<i>Trikatu churna</i> (herbal powder) 3gms TDS, Lukewarm water (Whenever Thirsty)	3 days
<i>Abhyantara Snehana</i> (internal oleation)	<i>Panchatikta Ghrita</i> (Medicated cow's ghee with <i>Tinospora cordifolia</i> , <i>Azardicta nimba</i> , <i>Lufa acutangula</i> , <i>Solanum Xanthocarpum</i> and <i>Adhatoda vasica</i>)	3 to 7 days According to <i>Koshtha</i> (bowel) and <i>agni</i> (Digestive power) of patients.
<i>Bahya snehan</i> (external Oleation / massage)	<i>Narayan Taila</i> (Medicated oil)	3 times <i>Vishram kala</i> (Rest day) After completion of <i>Samyaka Abhyantara snehana</i> (internal oleation)
<i>Swedan</i> (Fomentation)	<i>Naadi sweda - Dashmoola churna</i>	3 times
Diet plan- At night before <i>Vamana</i>	Curd rice	1 night
On <i>Vaman</i> day before <i>Vaman</i>	Full fat milk	1 day
<i>Vaman karma</i>	<ul style="list-style-type: none"> <i>Madanphala churna (Randia spinosa) + Vacha (Acorus calamus)+ Saindhav Lavana + Honey</i> <i>Yashtimadhu phanta</i> - hot Infusion of <i>Glycyrrhiza glabra</i>- approximately 4-5 liters. Warm milk 1-2 litres 	1 day
<i>Samsarjan Karma</i>	Diet as per <i>shuddhi</i>	3 to 7 days

Group B -In control group the patients were treated with symptomatic treatment only. In Tamaka Swasa patients Swaskuthar, Swaschintamani, Dashamool kwatha, Katuthraya Kwatham 90 ml, tds, kanakassav with vasa avleha 30 ml tds and Chausastha prahar pippali with milk were given for 30 days.^[6]

All these investigation were repeated at the day of vamana karma at morning and also in the seventh day of vamana karma in treated group patients. In control group patients laboratory investigations were repeated only at the end of the treatment i.e. after 3 months. All patients were advised to fast for about 12 hours before the collection of blood sample. Generally at morning without any taking of food, liquids or water. Blood was collected from the cubical vein.

Parameters of assessment -

1. Selection of Vamana drugs.
2. Determination of dosage
3. The degree of vamana effects
 - Time of onset of vamanvega
 - Number of vegas produced
 - Volume for vega.
 - total volume/ weight of vomitus
 - colour, consistency.

- Total time taken for the last vamanvega,
- rate of elimination of kapha during vamankarma,
- Appearance of pitta during vamankarma

4. Clinical assessment of the immediate systemic effect of vamankarma such as pulse rate, respiration rate, and blood pressure etc.

5. Complication

6. Delayed effects of vamankarma.

- a. Changes in the digestive and metabolic activity such as time taken for appetite.
- b. Clinical recovery from the sign and symptoms.
- c. Functional restoration of the body.

PROCEDURE AND CLINICAL TRIAL^[7]

1. Administration of Snehapana :-

Before starting Snehapana the physician should confirm that the patient appetite and digestive power are suitable for conducting Snehapana. Snehapana was started with an initial dose of 30 ml. on the first day and increased the dose to 60 ml, on the second day. From third day onwards the dose was decided according to the digestive power shown by the patient on previous days and

continued until *Samyak Snigdha Lakshanas* are seen or a maximum period of 7 days. During *Snehapana* the nature of the digestive power & thirst were recorded daily. This was done mainly to assess the state of *Koshta* of the patient.

2. Swedakarma :

After noticing the *samyak snigdha lakshanas* the patients were allowed to undergo for *Swedakarma* on the next day. *Sarwang Bashpasweda* was selected for this purpose. This was preceded by *Abhyanga* in 7th about 45 minutes. For this *Bala tailum* was used in *Tamaka swasa* patients, *Abhyanga* and *Sweda* should be done on 8th day and 9th day i.e. before the *Vamana* process at 7 A.M. It was noted that desired effects of *sweda karma* were seen in all patients within 20 mins. After completing this *poorva karma* the investigations were carried out.

3. Vamana therapy: - A day previous to *vamana* therapy i.e. after two days of *sweda karma* the patients were fed with Rice and Curd which have a property of *kaphotklesha*. On the day of *vamana karma* during the *kaphakala* i.e. morning period the patients were once again subjected to local massage with *Sneha* and *swedakarma* before administering the *vamana* drug. Afterward 1

liter of milk was given to the patient to drink followed by the actual *vamana* drug in a single dose. It contains processed 5 gm *Madanphala*. (*madanphala Beej churna* processed (Bhavana) by *Madanphala kwatha* seven times). Prepared *Madanphala yoga* mixed with honey and this paste administered. In most of the cases spontaneous vomiting was starting within a maximum period of 30 minutes. *Yastimadhu fanta* was given frequently as an adjuvant to original *vamana* drug to induce vomiting. To get *samyak vamana vega*, quantity of *Saindava lavana* with warm water was administered lastly to evacuate morbid *kapha* if necessary. It acts as a *sadhya Tarpana* as well to gate *Stamina* to patient. After *vamana karma* these patients were given a short course of *samsarjana karma* in the form of *peya* for 7 days. During the entire process of treatment no other medicines were given to these patients. On the 7th days of *vamana karma* the laboratory investigations were once again carried out and recorded. The laboratory investigations were carried out in order to assess the treatment in this group also.

Drugs for vamana karma: In this clinical trial *madanphala* used as an emetic drug.

Madanphala fruits and seeds used for the process. Madanphala beej process (bhavana) By kwatha of madanphala for 7 times and this medicines is administered along with honey, milk etc. Present clinical trial Yastimadhu phanta used as vamanopaga dravya. powder which is helpful to eliminate vitiated morbid kapha dosha.

Saindhava lavana used as vamanopaga dravya which is used with Madanphala yoga. Cow milk is used for Akanthapana. smoothing action due to milk used along with madanphala yoga.

The present study was conducted on forty four patients suffering from Tamaka swasa. This was divided into two equal groups as treated and control. The selection was made according to the criteria mentioned in the Performa without any sex discrimination. All the cases were thoroughly examined and laboratory investigations such as routine hematological and serological tests were carried out and recorded at the time of admission. All these investigations were repeated two more times in the treated patients and one more time in control group patients.

Observation

Sr. No.	Time of Adm'n of milk	Quantity of Milk	Time of Adm'n. of Vamanopag dravya	Quantity of Vama-nopayog	Time of Adm'n. of Madanphala yoga	Total intake (in ml.)	Total Vegas	Presence of kapha seen from vegas	Prosence of Pitta seen from vegas	Total output (in ml.)	Total Time in hours	Result	COMPLICATION		Time take for Apetit after proci (hour)
													During process	After Process	
1	8.55	1000	9.00	3600	9.15	4600	6	2	7	5700	1.35	S	NO	NO	6
2	8.10	1000	8.15	3150	8.22	4150	8	2	8	5000	1.45	S	NO	NO	6
3	8.30	1000	9.00	1750	9.06	2850	5	2	5	3200	1.20	S	NO	NO	5
4	8.45	1000	8.48	700	8.59	1700	5	1	5	2200	1.00	S	NO	NO	4
5	8.15	1000	8.17	2600	8.20	3600	8	3	8	4300	1.20	S	NO	NO	5
6	9.15	1000	9.17	1700	9.20	2700	8	2	8	3500	1.00	S	NO	NO	4
7	8.35	1000	8.45	800	8.52	2800	6	2	6	3200	1.50	S	NO	NO	5
8	8.20	1000	8.30	3200	8.40	4200	7	2	7	4800	1.40	S	NO	NO	5
9	8.15	1000	8.18	3000	8.20	4000	8	2	8	4950	1.55	S	NO	NO	5
10	8.45	1000	8.48	3500	8.56	4500	8	2	8	5600	2.33	S	NO	NO	6
11	8.45	1000	9.05	4400	9.10	5400	9	1	9	5900	1.36	S	NO	NO	5
12	9.00	1000	9.20	100	9.30	1100	6	2	6	1500	1.10	S	NO	NO	5
13	8.20	1000	8.38	4000	8.50	5000	7	2	7	5500	1.50	S	NO	NO	5
14	9.05	1000	9.08	2200	9.12	3200	8	2	8	3800	1.20	S	NO	NO	4
15	9.00	1000	9.15	3400	9.20	4400	10	3	10	4900	1.40	S	NO	NO	4
16	8.40	1000	8.50	3100	8.55	4100	5	1	5	4600	2.05	S	NO	NO	5
17	8.25	1000	8.30	1600	8.47	2600	8	2	8	3200	1.32	S	NO	NO	4
18	8.30	1000	8.45	4500	8.53	5500	7	2	7	6300	1.38	S	NO	NO	5
19	9.00	1000	9.30	2000	9.35	3000	6	1	6	3500	1.20	S	NO	NO	5
20	9.06	1000	9.10	2100	9.19	3100	4	1	4	3500	1.90	S	NO	NO	4
21	9.00	1000	9.15	2500	9.20	3500	8	2	8	4100	1.80	S	NO	NO	4
22	8.30	1000	8.40	1800	8.58	2800	6	2	6	3200	1.55	S	NO	NO	5

Table no. 1 Events in Vamana Karma

Table 2 Laboratory Investigation:

Investigation	Before Snehapana	After Snehapana	7 days after
1. Haematological			
Hb gms%	15	14.8	14.9
TLC /cumm	9400	8100	7900
DLC P %	46	42	45
L %	38	45	46
E %	14	11	7
M %	2	2	2
ESR	12	5	4
2. Biochemical			
Total Cholesterol mg/100ml	138	132	128
Sr. Bilirubin mg/100ml	0.7	0.6	0.5
Sr. Proteins gm/100ml	6.9	6.9	7.2
Sr. Alk. Phosphate K.A.units	6.5	7	8.5
Sr. Calcium mg/100ml	8	9	9.5
Blood Urea mg/100ml	24	20	28
Sr. Creatinine mg/100ml	0.7	0.8	0.9
Sr. Sodium mil/lit	139	140	137
Sr. Potassium mil/lit	4.1	4	3.8
Blood sugar mg/100ml	85	90	90

Table no. 3 showing the 't' and 'p' value of Hematological and Serological Tests:

Investigation	Treated Group		Control Group	
	't' Value	'p' Value	't' Value	'p' Value
1. Haematological				
Hb gms%	0.798	p>0.50	4.59	P<0.001
TLC /cumm	1.2	p>0.50	4.82	P<0.001
DLC P %	0.26	p>0.50	7.62	P<0.001
L %	0.53	p>0.50	6.87	P<0.001
E %	3.17	P<0.001	8.83	P<0.001

M %		0.56	p>0.50	2.85	P<0.01
ESR		4.33	P<0.001	7.98	P<0.001
2. Biochemical					
Total Cholesterol	mg/100ml	3.88	P<0.001	5.37	P<0.001
Sr. Bilirubin	mg/100ml	1.138	p>0.50	0.55	p>0.50
Sr. Proteins	gm/100ml	4.081	P<0.001	1.69	p>0.50
Sr. Alk. Phosphate	K.A.units	7.74	P<0.001	1.194	p>0.50
Sr. Calcium	mg/100ml	1.36	p>0.50	0.36	p>0.50
Blood Urea	mg/100ml	1.49	p>0.50	0.47	p>0.50
Sr. Creatinine	mg/100ml	0.66	p>0.50	2.75	P<0.02
Sr. Sodium	mil/lit	4.51	P<0.001	0.89	p>0.50
Sr. Potassium	mil/lit	0.61	p>0.50	0.98	p>0.50
Blood sugar	mg/100ml	4.47	P<0.001	1.17	p>0.50

DISCUSSION

There are three important events in vamanakarma

1. Development of kaphotheklesha in the Amasaya by the administration of certain dietary articles like cured and Rice mashaksheera etc on the previous night.
2. The emptying of the gastric contents by Vamanakarma.
 - A) The elimination of kapha which is already in the utklesha state due to the preparation of the patient.
 - B) Loss of water and also the other constituents of gastric juice like Amlarasa pitta.

3. Due to the loss of above stated substances of gastric juice certain marginal changes in the composition of the rasa - rakta complex. The mechanism of Vamana karma is complicated in nature. The kapha located in the stomach supports all other kaphas of the body by its Ambukarma. As explained by the definition kapha contributes to the welfare of the body supplying it with its watery components. This particular function of maintaining welfare of the body through its watery component is known as Ambukarma. The different kaphas in the body represent organs of the body by support and nourishment. These may also be understood

as various extracellular fluids components of the body but the transport of essential nutrients including water into different fluid compartment for the specific purpose of support and nutrition of the respective organs associated with this kaphas is through the rasa rakta complex especially of the rasa component. Similarly the Ambukarma of the kapha is also associated with the rasa component of the rasa rakta complex as explained by susruta the kledaka kapha which is located in the Amasaya if, eliminated from that organ by the upper route through the process of vamana kriya being supporter of all the other kaphas of the body corrects the vitiation of the kapha in the body. Here there is important to note that the elimination of kapha was understood by its apdhatu through the mouth will prevent its passage through the kshudranthras. Therefore vamana kriya will prevent the reabsorption of this factor through the Kshudranthras and therapy ensures a definite elimination from the body.

The creation of utklesha state helps by its Anupravanabhava in attracting the vitiated kapha into the koshta particularly amasaya. By equating the kapha with mucopolysaccharides, while studying the effects of

vamana karma by K.N. Udupa and R.H. Singh as already established that there is increased elimination of kapha from the stomach. Since pitta is also located in the Amasaya during the process of Vamanakriya this is also eliminated from Amasaya (stomach) through the mouth. While describing the physical qualities of pitta susruta as stated that the rasa of pitta is katu and vidagdha state it is Amla. Dalhana explained that the taste is right state in katu and the immature state in Amla. Therefore the taste of pitta present in Amasaya where in the digestion of the food is and complete and the products of such digestion are only Ama (immature) due to the Amalavastha as to be considered as amla rasa only. it is an undisputed fact that the Amlarasa of pitta located in Amasaya is due to Hcl component of the gastric juice. Therefore in the process of vamanakarma the amlarasa pitta along with the Hcl is eliminated from the stomach by upper route. Therefore it is clear that there is loss of not only water but also the chloride (cl) radical. Along with this chloride radical certain amount of Sodium (Na⁺) is also eliminated.

The present topic of hypothesis is that the administration of sneha and sweda karmas will bring the vitiated doshas from the various

part of the body (Sakhās) through the transport vehicle of rāsa rakta complex to koshthā, while conducting the vamanā karma the vitiated doshas will be eliminated through the mouth and leads to radical removal of the causative factors of the somatic diseases and thereby maintain the doshas in an equilibrium state.

In view of the above facts the hypotheses of the topic is extremely appreciated and throw light on the bodily changes after the vamanā karma in the rāsa component of rāsa-rakta complex.

The following changes are expected in the Rāsa component of Rāsa Rakta complex. As regards to the total Leukocytes count in all acute and chronic diseases it is found to be raised. A remarkable reduction was noticed in treated and control group. So it is also one of easily detectable things to observe the disease activity. It was noticed that no remarkable change was observed in hemoglobin and total Leukocytes count percentage. In case of DLC - Eosinophils showed remarkable reduction ($p < 0.001$) in treated and control group. It is effective in allergic and non allergic conditions. The statistically significant reduction was noticed in ESR ($p < 0.001$) in treated group. Rise in ESR

is an important change commonly occurring in all type of allergic conditions like Swasā, Rheumatoid arthritis, gout, skin diseases. ESR is considered an easily detectable index of diseases activity and so it is worthwhile to study ESR as an index of inhibition/progression of the disease in the present study ESR was reduced after snehana and swedana and reduced after vamanā karma. So it is important to note that the disease process has been reduced. Reduction in the ESR after vamanā karma indicates drop in reactive changes in the body in this study.

A significant increase was observed in the serum cholesterol level after sneha and sweda (0.20). But after vamanā karma it was significantly reduced ($p < 0.001$). Sr. Cholesterol is significantly increases after snehana and swedana which tally with the large amount of ghrīta consume by the patients. It may be noted that the amount of fats (ghrīta) provided during the snehāpanā will increase absorption of cholesterol but it does not cross the normal limit, thus the serum cholesterol level will increase in the body. The sample taken Seven days after vamanā showed significant drop in cholesterol as compared to the base line level. This drop level of cholesterol due to vomiting induced

drug (Vamana karma) and subsequent restricted diet for 7 days. Many of the metabolic waste products, specially those which are lipid in nature or are soluble in lipids can be eliminated by vaman karma, after the subject has properly prepared in advance by snehana and swedana kriyas. So far reduction of cholesterol level was noticed after vamana. As regards to the serum Alkaline phosphates (p 0.001) level, it was also observed that the serum bilirubin was increased slightly (p 0.50). Both these are related to liver functions. Liver is the largest and most significant metabolic organ of the body. It is the centre of diverse metabolic reactions that occur in the body. So after vamana the metabolic process of the body may be enhanced. This also indicated that excessive dose of ghrita and Saponin (vama drug) in this procedure is safe for liver metabolic activity. The significant increase was noticed in the total serum proteins (p 0.001) after vaman karma. The positive proteins balance relate well in the increase in the body weight, indicating positive metabolism. So the rise in proteins and increase body weight of the patients indicate better health. As a fact the proteins metabolism has been enhanced after

Vamana, it leads to anabolic process in the body. This plasma proteins (Albumin, Globulin) plays an important role in conferring immunity to the body. So it can correlate that vaman therapy maintains the preservation and longevity of life.

In this study further onwards the rise in proteins need to be analysed in terms of various fractions like Albumin and globulin. Similarly the positive metabolism is also reflecting in marginally raised calcium level (p 0.50). The marginal increase of blood Urea (p 0.50) and serum Creatinine (p 0.50) was noticed due to HCL and water lost in the vomitus which is expected to reduce the glomerular filtration rate a normal excretory route of Urea. And also indicate that Vaman therapy given in this procedure is not harmful to kidney rather it is safe. As far as electrolytes are concerned the drop in sodium level is significant. This possibility is induced by intense nausea and vomiting by Saponin (Alkaloids of Madanfala fruits) this low sodium level will also result in lowering of osmotic pressure unless in fluid retention there by indirectly helpful in proper maintenance of circulation. There was significant reduction was noticed in serum sodium (p 0.001) after vaman karma because different kaphas as

explained earlier represent only some of the special systems of extracellular fluid which contains more of sodium when compared with intracellular fluid. However no significant changes was observed in potassium level (p 0.50). It was noticed that a marginal increased of serum potassium (p 0.50) level after Vaman. Since it is the main cation of the intracellular fluid which are least highly effected due to this process. The significant increase within the normal level was noticed in blood sugar level after sneha and sweda and after vaman karma (p 0.001). Mean fasting Blood sugar level 92.1 and after sneha and sweda and before vaman karma it was raised 98.6 mg/ dl and later on it drops marginally 97.2 mg/dl in an average. This small rise from the initial 92.1 to 97.2 mg% is presumable high adrenergic activity induced during vamana process. Adrenergic activity releases Adrenaline can also result in raised level of Glucocorticoids may be concluded that Adrenaline effect helps to reduced the symptoms of Bronchial Asthama and Glucocorticoids will be addition Contributory factor. It was observed that all the serological results were increased after sneha sweda karmas. The doshas which may have lodged in koshta, dhatu or srotas made

klinnata by the administration of Sneha. The Klinna malas are liquified by the use of sweda karma in the presence of agni. This agni (Enzymes) will increase the metabolic activity of the body. So far these results were increased after sneha and sweda karmas.

The patients were keenly observed and the various signs and symptoms presented by them were studied. It was seen that the usual complications of nausea, and indigestion were noticed during the snehapana therapy. After noticing the samyak swinna lakshanas the vamana was conducted in the sleshmakala i.e. in morning hour 8.10 to 9.15 A.M.

1. An average standard vamana was found to on sure within 20 ± 6.1 after the administration of vamana drug.

2. Swedpravritti mean 13.4 ± 4.5 , Lomharsha Mean 14.1 ± 4.98

3. Udaradhan mean 15.7 ± 5.8 Lalasrao mean 17.1 ± 5.87

4. Hrilhas mean 17.5 ± 5.92

5. First Vamana vega mean 20 ± 6.1

6. Presence of kapha from 1 st and 2nd vega.

7. Appearance of pitta (pittadarshan) 71.5 ± 19.22

8. Average number of Vaman Vegas 7 ± 1.36

9. The quantity of vomitus expelled after vamana was mean 605 ± 187 .

An average standard vamana will produced certain systemic physiological effects such as.

- Increase in the pulse rate 18.5 ± 5.48
- Increase in the respiration rate 6.2 ± 2.7
- Increase in the systolic blood pressure it was $11.7 \pm$
- Increase in the diastolic blood pressure it was $10.81 \pm$
- Increase in the body wt. after vamana was 1 to 2 kg

An average standard vamana produced remarkable improvement in cardinal signs and symptoms of Tamaka swas.

Swaskrichhata, kasa, Gurguruk, Shirogrivagraha were relieved by 70% and mukhashosha, aruchi, agnimandya, malawstambha was relieved by 50%.

All the patients improved from the disease process with in a limited period of 21 days after vamana karma. They were improved in there digestive capacity and metabolic activity and general conditions of body. The systemic physiological increase

may be due to exhaustive process of treatment. These changes undergo considerable fluctuations during the excitement, exercise etc. The same procedure can also be applied here as excitement during the vamana. The clinical improvements were agrees with laboratory investigations. The patients were reported good relief during the follow up studies. The most interesting phenomena was noted in this small series was that the patients who were undergone vamana therapy from Tamaka swas got surprising response. Most of the signs and symptoms were disappeared within a short time after vamana karma. No inspiring results were obtained from the control group patients.

CONCLUSION

The trial can be concluded as follows:

1. Vaman can improve the functional and metabolic activity of the body. It maintains the health of the individual and helps for the promotion, Preservation and longevity of the life.
2. The clinical signs and symptoms of Tamaka Swasa were decreased. Since it will eliminates the vitiating kapha and it subsides congestion of the chest which is usual phenomena of Tamaka Swasa. It

minimizes the relapses and also the intensity of Tamaka swasa.

3. All the serological results are within the normal limits both in treated and control group patients
4. The Vaman karma process is not harmful to liver, kidney and Hepatorenal Function rather it is safe.
5. The present trial is only a preliminary study on this subject even though some changes have been found in the Blood chemistry, it is suggested to conduct further studies on various diseases indicated to Vaman karma, where abnormal blood chemistry can be noticed due to the pathological condition of the respective diseases.

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